

ACCESSORY ZONING PERMIT **FOR SHEDS, GARAGES, DECKS, PORCHES, POOLS, ETC.**

(ONE APPLICATION MUST BE FILED FOR EACH BUILDING OR STRUCTURE)



Each application must have a site plan showing the location of the project, or picture indicating accurate relevant dimension.
All permits are issued to the applicant unless otherwise specified

PLANNING DEPARTMENT
100 S Market St. Troy, OH 45373
Phone (937)339-9481, Fax (937)339-9341
www.troyohio.gov

1 LOCATION OF PROJECT	Address of Project		Subdivision		Lot No(s)
	Type of structure				
2 REQD INFO	Names (Please <u>Print</u>)		Mailing Addresses – Street, City, Zip Code		Phone (Day time)
	APPLICANT				
	CONTRACTOR				
	PROPERTY OWNER				
3	Lot Size	4	Approximate cost of project	5	Height and stories of project
6	Sq ft of proposed project	7	Height and stories of house	8	Sq. ft. of house

6 SIGN YOUR FULL NAME
By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.
Signature of applicant _____
Date: _____
Fax No. _____

OFFICE USE ONLY		
ZONING DISTRICT	HISTORIC DISTRICT Yes No	FLOOD ZONING A AE X

OFFICE USE ONLY		
TYPE OF WORK	FEE \$	TOTALS
RESIDENTIAL	25.00	
NON RESIDENTIAL	\$100 + \$1.00 per 100 sf	
TTL AMT DUE		
TTL AMT PAID		
Date:	Receipt No.	

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:	NOTES:
<ul style="list-style-type: none"> REFER TO PERMIT NO: DATE: 	